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PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ABIOS.042A (5010-350)	
In re Application of Timothy B. STOCKWELL et al.			
Application Number		10/672,937	
For Mitochondrial DNA Autoscore System			
Group Art Unit: 1631		Examiner: Shubo ZHOU	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>450.00</u>
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1,020.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1,590.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>2,160.00</u>

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

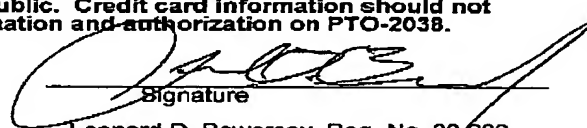
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any deficiency in fees which may be required, or credit any overpayment, to Deposit Account Number 50-0925.
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record.
☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 33,226

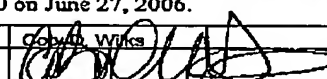
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

June 27, 2006
Date


Signature
Leonard D. Bowersox, Reg. No. 33,226
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on June 27, 2006.			
Name (Print/Type)	Colin Wilks	Date	June 27, 2006
Signature			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Amendments to the Claims are reflected in the listing of claims which begins on page 6 of this paper.

Amendments to the Drawings begin on page 19 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

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